

## OFFICE OF THE STATE CONTROLLER

### STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2003-07

#### ABSENTEE BALLOTS (LOCAL AGENCIES)

May 12, 2003

Revised January 30, 2009

In accordance with Government Code Section (GC §) 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the Absentee Ballots (AB) program. These claiming instructions are issued subsequent to adoption of the program's Amended Parameters and Guidelines (P's & G's) by the Commission on State Mandates (CSM).

On June 17, 1981, the Board of Control, predecessor agency to CSM, determined that Elections Code Section 3003, as added by Chapter 77, Statutes of 1978, and Chapter 920, Statutes of 1994, established costs mandated by the State according to the provisions listed in the Amended P's & G's.

Chapter 1032, Statutes of 2002 (AB 3005) required CSM to amend the P's & G's to delete school districts, as defined by Government Code Section 17519, from the list of eligible claimants. Rather than billing school districts for election services provided by the local agencies, the local agencies must file a claim directly with SCO for reimbursement of these costs. For your reference, the Amended P's & G's are included as an integral part of the claiming instructions.

#### **Eligible Claimants**

Any city, county, or city and county, that incurs increased costs, as a direct result of this mandate is eligible to claim reimbursement of these costs.

#### **Filing Deadlines**

##### **A. Reimbursement Claims**

A reimbursement claim is defined in GC Section 17522 as any claim filed with SCO by a local agency for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim.

An actual claim may be filed by February 15 following the fiscal year in which costs were incurred. If the filing deadline falls on a weekend or holiday, the filing deadline will be the next business day. Since the 15<sup>th</sup> falls on a weekend in 2009 claims for fiscal year 2007-08 will be accepted without penalty if postmarked or delivered on or before February 17, 2009. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. A claim filed more than one year after the deadline will not be accepted for reimbursement.

In order for a claim to be considered properly filed, it must include the Indirect Cost Rate Proposal (ICRP) if the indirect cost rate exceeds 10%. Documentation to support actual costs must be kept on hand by the claimant and made available to SCO upon request.

## **B. Estimated Claims**

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated claims has been eliminated. Therefore, estimated claims filed on or after February 16, 2008, will not be accepted for reimbursement.

## **Minimum Claim Cost**

GC Section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**\$1,000**), provided that a county may submit a combined claim on behalf of direct service districts or special districts within their county if the combined claim exceeds **\$1,000**, even if the individual direct service district's or special district's claim does not each exceed **\$1,000**. The county will determine if the submission of the combined claim is economically feasible and be responsible for disbursing the funds to each direct service district or special district. These combined claims may be filed only when the county is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible district. All subsequent claims based upon the same mandate may only be filed in the combined form unless a direct service district or special district provides a written notice of its intent to file a separate claim to the county and to SCO, at least 180 days prior to the deadline for filing the claim.

## **Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities.

A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, notices of order of suspension or revocation, sworn reports, arrest reports, notices to appear, employee time records, or time logs, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations.

Declarations must include a certification or declaration stating, "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure Section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

## Audit of Costs

All claims submitted to SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with SCO's claiming instructions and the P's & G's adopted by CSM. If any adjustments are made to a claim, a Notice of Claim Adjustment specifying the claim activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency pursuant to this chapter is subject to the initiation of an audit by SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents shall be made available to SCO on request.

## Retention of Claiming Instructions

- The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.
- Questions or requests for hard copies of these instructions should be faxed to Angie Teng at (916) 323-6527, or e-mailed to **LRSDAR@sco.ca.gov**. Or, if you wish, you may call the Local Reimbursements Section at (916) 324-5729.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at <http://www.sco.ca.gov/ard/local/locreim/index.shtml>.

## Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.**

Use the following mailing addresses:

If delivered by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivered by  
other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

# PARAMETERS AND GUIDELINES AMENDMENT

Elections Code Sections 3003 and 3024

Statutes 1978, Chapter 77  
Statutes 2002, Chapter 1032

## *Absentee Ballots*

### **I. SUMMARY OF THE MANDATE**

Elections Code section 3003, as added by Statutes 1978, chapter 77, and amended by Statutes 1994, chapter 920, requires that absentee ballots be available to any registered voter.<sup>1</sup> The Board of Control, predecessor agency to the Commission on State Mandates, determined at its hearing of June 17, 1981, that a reimbursable state mandate requiring an “increased level of service” exists in Statutes 1978, chapter 77. Under prior law, absentee ballots were provided only when the following conditions were met:

- a. illness,
- b. absence from precinct at day of election,
- c. physical handicap,
- d. conflicting religious commitments, or
- e. voter’s residence is more than ten miles from his polling place.

Elections Code section 3024, as added by Statutes 2002, chapter 1032<sup>2</sup> requires the Commission on State Mandates to amend these parameters and guidelines to “delete school districts, county boards of education, and community college districts from the list of eligible claimants.”

AB 3005 specifies that the cost to administer absentee ballots when issues and elective offices related to school districts, as defined by Government Code section 17519, are included on a ballot election with non-education issues and elective offices shall not be fully or partially prorated to a school district.

### **II. ELIGIBLE CLAIMANTS**

“Local agencies,” as defined in Government Code section 17518, that have incurred increased costs as a direct result of this mandate are eligible to claim reimbursement of those costs.

“School districts,” as defined in Government Code section 17519, that have incurred increased costs as a direct result of administering their own election program are eligible to claim reimbursement of those costs. School districts cannot claim reimbursement when the county election official administers a school district election.

### **III. PERIOD OF REIMBURSEMENT**

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government

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<sup>1</sup> Statutes 1994, chapter 920 only renumbered Elections Code section 3003.

<sup>2</sup> Assembly Bill No. 3005 (2001-2002 Reg. Sess.), hereafter referred to as AB 3005.

Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

For initial claims and annual claims filed prior to September 30, 2002, including amendments thereof, if the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564. For initial claims and annual claims filed on or after September 30, 2002, if the total costs for a given fiscal year do not exceed \$1000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.

#### A. Local Agencies

Government Code section 17557, prior to its amendment by Statutes 1998, chapter 681 (effective September 22, 1998) stated that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that fiscal year.

Statutes 1978, chapter 77 became effective on January 1, 1979. The test claim was filed on January 2, 1981. Therefore, in accordance with Section 17557, as in effect on the date of the filing of the test claim, all costs incurred by local agencies in compliance with Statutes 1978, chapter 77 are eligible for reimbursement on or after July 1, 1980. The first claim submitted will report costs incurred from July 1, 1980 through June 30, 1981.

#### B. School Districts

California Code of Regulations, title 2, section 1185.3, prior to its amendment (effective September 13, 1999), stated that a parameters and guidelines amendment filed after the initial claiming deadline must be submitted on or before November 30 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year. An amendment was filed on August 25, 1997. Therefore, in accordance with Section 1185.3, as in effect on the date of the filing of the parameters and guidelines amendment, all costs incurred by school districts in compliance with Statutes 1978, chapter 77 are eligible for reimbursement on or after July 1, 1996 through September 27, 2002.

Effective September 13, 1999, California Code of Regulations, title 2, section 1183.2, states that a parameters and guidelines amendment filed after the initial claiming deadline must be submitted on or before January 15 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year. This amendment, as required by AB 3005, was effective September 28, 2002. Therefore, only those costs incurred by school districts to administer their own election program in compliance with Statutes 1978, chapter 77 are eligible for reimbursement on or after September 28, 2002.

### **IV. REIMBURSABLE ACTIVITIES**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the

event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, these parameters and guidelines shall provide reimbursement only for costs associated with the increase in absentee ballot filings, as determined under the formulas below.

#### A. Elections Done by the County Election Official and Billed to the Local Agency

Methods 1, 2 and 3, below, are intended for use where a local agency election is done by the county election official and billed to the local agency. When county election officials provide election services to other local agencies, the costs of those billed services pursuant to the Uniform District Election Law (Elections Code section 10500 et seq.) shall not be included in the county's reimbursement claim.

##### Method 1

This method applies when the county election official does all calculations and provides a billing that distinguishes the reimbursable amount and the non-reimbursable amount billed.

If the county election official determines the claimant's pro rata share of reimbursable costs and reports the pro rata share of these costs in a separate bill or as a line item on a bill, the claimant may claim the amount paid to the county for the reimbursable costs.

##### Method 2

This method assumes that the percentage increase in absentee ballots is uniform throughout the county, and uses the countywide figures to determine the percentage of reimbursable costs.

1. Obtain data from county election official on the number of reimbursable absentee ballots (n), the number of absentee ballots cast (z) for the fiscal year, and the amount billed to the local agency by the county for total absentee ballot costs.
2. Calculate the Reimbursable Cost Percentage

$$\frac{n}{z} \cdot 100 = \text{Reimbursable Cost Percentage (p)}$$

3. Calculate the Reimbursable Costs

$$\frac{p}{100} \cdot \text{amount billed by county} = \text{Amount of Reimbursable Costs}$$

Method 3

This method is more complex, and requires the local agency to have data on numbers of ballots and absentee ballots filed in the local agency area. It requires the collection of more data, which may or may not be readily available.

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each fiscal year claimed)

y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)

z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \cdot y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Reimbursable Cost Percentage

$$\frac{n}{z} \cdot 100 = \text{Reimbursable Cost Percentage (p)}$$

5. Calculation of Reimbursable Costs

$$\frac{p}{100} \cdot \text{amount billed by county} = \text{Amount of Reimbursable Costs}$$

B. Local Agencies or School Districts that Administer their Own Elections

Method 4, below, is intended for use where local agencies and school districts do their own elections and thus have the information on both numbers of ballots and absentee ballots, as well as the per-ballot cost information needed for item 4.

Method 4

1. Base Year Calculation (remains the same for all fiscal years claimed)

w) Number of ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (w)

x) Number of absentee ballots cast in the district or local agency area from January 1, 1975 through December 30, 1978 (x)

2. Calculation for Fiscal Year Claimed (compute for each claim)
  - y) Number of ballots cast in the district or local agency area in fiscal year claimed (y)
  - z) Number of absentee ballots cast in the district or local agency area in fiscal year claimed (z)

3. Formula for Calculating Number of Reimbursable Absentee Ballots Filed

$$z - \frac{(x \cdot y)}{w} = \text{Number of reimbursable absentee ballots (n)}$$

4. Calculation of Cost Per Absentee Ballot Filing (See section V. Claim Preparation and Submission)

- a. Material \$\_\_\_\_\_
  - b. Postage \$\_\_\_\_\_
  - c. Labor \$\_\_\_\_\_
  - d. Overhead \$\_\_\_\_\_
  - e. Cost per Absentee Ballot \$\_\_\_\_\_
- (a+b+c+d)

5. Computation of Reimbursement

- A. Number of reimbursable filings (Item 3)(n) \_\_\_\_\_
- B. Cost per Absentee Ballot filing (Item 4)(e) \$\_\_\_\_\_
- Total Reimbursement (A • B) \$\_\_\_\_\_

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

### A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

#### 1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.



## 2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

## 3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services.

## 4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

## 5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

## B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

### Local Agencies

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and

B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the Claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

#### School Districts

School districts must use the J-380 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

County offices of education must use the J-580 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

Community colleges have the option of using: (1) a federally approved rate, utilizing the cost accounting principles from the Office of Management and Budget Circular A-21, "Cost Principles of Educational Institutions"; (2) the rate calculated on State Controller's Form FAM-29C; or (3) a 7% indirect cost rate.

## **VI. RECORD RETENTION**

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter<sup>3</sup> is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment

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<sup>3</sup> This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## **VII. OFFSETTING SAVINGS AND REIMBURSEMENTS**

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, services fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## **VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS**

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## **IX. REMEDIES BEFORE THE COMMISSION**

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

|   |   |   |  |  |   |  |
|---|---|---|--|--|---|--|
| <b>CLAIM FOR PAYMENT</b><br><b>Pursuant to Government Code Section 17561</b><br><b>ABSENTEE BALLOTS</b>   |   |   | <b>For State Controller Use Only</b><br>(19) Program Number 002<br>(20) Date Filed<br>(21) LRS Input |  | <b>PROGRAM</b><br><div style="font-size: 2em; font-weight: bold; margin-top: 10px;">002</div> |  |
| (01) Claimant Identification Number   |   |   | <b>Reimbursement Claim Data</b>  |  |   |  |
| (02) Claimant Name  |   |   | (22) FORM-1A, (03)   |  |   |  |
| Address   |   |   | (23) FORM-1A, (08)   |  |   |  |
|   |   |   | (24) FORM-1A, (10)   |  |   |  |
|   |   |   | (25) FORM-1A, (11)   |  |   |  |
| <b>Type of Claim</b>  | <b>Estimated Claim</b>                  | <b>Reimbursement Claim</b>                  | (26) FORM-1B, (07)   |  |   |  |
|   | (03) Estimated <input type="checkbox"/> | (09) Reimbursement <input type="checkbox"/> | (27) FORM-1B, (08)   |  |   |  |
|   | (04) Combined <input type="checkbox"/>  | (10) Combined <input type="checkbox"/>      | (28) FORM-1B, (09)   |  |   |  |
|   | (05) Amended <input type="checkbox"/>   | (11) Amended <input type="checkbox"/>       | (29) FORM-1C, (05)   |  |   |  |
| <b>Fiscal Year of Cost</b>  | (06)                                    | (12)  | (30) FORM-1C, (06)   |  |   |  |
| <b>Total Claimed Amount</b>   | (07)                                    | (13)  | (31) FORM-1C, (07)   |  |   |  |
| Less: <b>10% Late Penalty (refer to claiming instructions)</b>  |   | (14)  | (32) FORM-1, (05)(f)   |  |   |  |
| Less: <b>Prior Claim Payment Received</b>   |   | (15)  | (33) FORM-1, (06)  |  |   |  |
| <b>Net Claimed Amount</b>   |   | (16)  | (34) FORM-1, (07)  |  |   |  |
| <b>Due from State</b>   | (08)                                    | (17)  | (35) FORM-1, (09)  |  |   |  |
| <b>Due to State</b>   |   | (18)  | (36) FORM-1, (10)  |  |   |  |
| <b>(37) CERTIFICATION OF CLAIM</b><br><br><p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for the Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Signature of Authorized Officer<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="width: 45%;">           Date<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Type or Print Name<br/>           (38) Name of Contact Person for Claim<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="width: 45%;">           Title<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Telephone Number<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="width: 45%;">           E-mail Address<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div> |   |   |  |  |   |  |

|                                  |   |                              |
|----------------------------------|---|------------------------------|
| <b>Program</b><br><br><b>002</b> | <b>ABSENTEE BALLOTS</b><br><b>Certification Claim Form</b><br><b>Instructions</b> | <b>FORM</b><br><b>FAM-27</b> |
|----------------------------------|---|------------------------------|

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) Leave blank.
- (04) Leave blank.
- (05) Leave blank.
- (06) Leave blank.
- (07) Leave blank.
- (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the total claimed amount from Form-1, or 1A, 1B, or 1C. This amount must exceed \$1,000.
- (14) Actual claims for a fiscal year must be filed by **February 15** of the following year otherwise the claims will be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$10,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (03), means the information is located on Form-1, line (03). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35.  
**Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

***Address, if delivered by U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**

|                                      |  |                        |          |                              |                      |                                  |                         |   |
|--------------------------------------|--|------------------------|----------|------------------------------|----------------------|----------------------------------|-------------------------|---|
| <b>Program</b><br><b>002</b>         | <b>MANDATED COSTS</b><br><b>ABSENTEE BALLOTS</b><br><b>CLAIM SUMMARY</b> |                        |          |                              |                      |                                  | <b>FORM</b><br><b>1</b> |   |
| (01) Claimant                        |  |                        |          | (02)                         |                      | Fiscal Year                      |                         |   |
|                                      |  |                        |          |                              |                      | 20    /20<br>—    —              |                         |   |
| (03) Department                      |  |                        |          |                              |                      |                                  |                         |   |
| <b>Direct Costs</b>                  |  | <b>Object Accounts</b> |          |                              |                      |                                  |                         |   |
|                                      |  | (a)                    | (b)      | (c)                          | (d)                  | (e)                              | (f)                     | (g)                                     |
| (04) Reimbursable Activities         |  | Salaries               | Benefits | Materials<br>and<br>Supplies | Contract<br>Services | Fixed<br>Assets                  | Travel                  | Total                                   |
| a. Material                          |  |                        |          |                              |                      |                                  |                         |   |
| b. Postage                           |  |                        |          |                              |                      |                                  |                         |   |
| c. Labor                             |  |                        |          |                              |                      |                                  |                         |   |
| d. Overhead                          |  |                        |          |                              |                      |                                  |                         |   |
| (05) Total Direct Costs              |  |                        |          |                              |                      |                                  |                         |   |
|                                      |  |                        |          |                              |                      |                                  |                         |   |
| <b>Indirect Costs</b>                |  |                        |          |                              |                      |                                  |                         |   |
| (06) Indirect Cost Rate              |  |                        |          |                              |                      | [From ICRP or 10%]               |                         | %                                       |
| (07) Total Indirect Costs            |  |                        |          |                              |                      | [Refer to Claiming Instructions] |                         |   |
| (08) Total Direct and Indirect Costs |  |                        |          |                              |                      | [Line (05)(g) + line (07)]       |                         |   |
|                                      |  |                        |          |                              |                      |                                  |                         |   |
| <b>Cost Reduction</b>                |  |                        |          |                              |                      |                                  |                         |   |
| (09) Less: Offsetting Savings        |  |                        |          |                              |                      |                                  |                         |   |
| (10) Less: Other Reimbursements      |  |                        |          |                              |                      |                                  |                         |   |
| (11) Total Claimed Amount            |  |                        |          |                              |                      |                                  |                         | [Line (08) - {(line (09) + line (10))}] |

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| <b>Program</b><br><b>002</b> | <b>ABSENTEE BALLOTS</b><br><b>CLAIM SUMMARY</b><br><b>Instructions</b> | <b>FORM</b><br><b>1</b> |
|------------------------------|--|-------------------------|

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Department. If more than one department has incurred costs for this mandate, give the name of each department. A separate form Form-1 should be completed for each department.
- (04) Reimbursable Activities. For each reimbursable activity, enter the totals from form Form-2, line (05), columns (d) through (i), to form Form-1, block (04), columns (a) through (f), in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (g).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (07) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If an ICRP is submitted and both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), and Total Benefits, line (05)(b), by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

|  |  |                                      |
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| <b>Program</b><br><b>002</b>   | <b>MANDATED COSTS</b><br><b>ABSENTEE BALLOTS</b><br><b>CLAIM SUMMARY</b> | <b>FORM</b><br><b>1A</b>             |
| (01) Claimant  |  | (02) Fiscal Year<br><br>20___/ 20___ |
| <b>Select Method 1 or 2 for Claiming Reimbursable Costs</b>  |  |                                      |
| <b>Method 1</b>  |  |                                      |
| This method is applicable when all calculations are done by the county election official and then the local agency is billed for the cost of election services.                              |  |                                      |
| (03) Amount Billed by the County for Election Costs (attach billing statement).  |  |                                      |
|  |  |                                      |
| <b>Method 2</b>  |  |                                      |
| In this method the percentage increase in absentee ballots is assumed to be uniform throughout the county so county-wide figures are used to determine the percentage of reimbursable costs. |  |                                      |
| (04) Obtain data from the County Election Official on the Number of Reimbursable Absentee Ballots (attach the county's calculation).   |  |                                      |
| (05) Number of Absentee Ballots Cast in the Fiscal Year  |  |                                      |
| (06) Amount Billed by County for Total Absentee Ballot Costs   |  |                                      |
| (07) Reimbursable Cost Percentage  | $[100 \times \{\text{line (04)} \div \text{line (05)}\}]$                | %                                    |
| (08) Total Reimbursable Costs for Method 2   | $[\text{Line (06)} \times \text{line (07)}] \div 100$                    |                                      |
|  |  |                                      |
| (09) Increased Costs for Method 1 or 2   | $[\text{From line (03) or line (08)}]$                                   |                                      |
|  |  |                                      |
| <b>Cost Reduction</b>  |  |                                      |
| (10) Less: Offsetting Savings  |  |                                      |
| (11) Less: Other Reimbursements  |  |                                      |
| (12) Total Claimed Amount  | $[\text{Line (09)} - \{\text{line (10)} + \text{line (11)}\}]$           |                                      |



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| <b>Program</b><br><b>002</b> | <b>ABSENTEE BALLOTS</b><br><b>CLAIM SUMMARY</b><br><b>Instructions</b> | <b>FORM</b><br><b>1A</b> |
|------------------------------|--|--------------------------|

**Method 1****Fill in Line (03), and (09) through (12)****Method 2****Fill in lines (04) through (12).**

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Enter the amount billed by the county for election costs and attach a copy of the billing statement.
- (04) Enter the number of reimbursable absentee ballots obtained from the county election official. Attach a copy of the county's calculation showing how this amount was derived.
- (05) Enter the number of absentee ballots cast in the fiscal year of claim.
- (06) Enter the amount that was billed by the county for the total absentee ballot costs.
- (07) Calculate the reimbursable cost percentage. Divide the number of reimbursable absentee ballots from the county's calculation, line (04), by the number of absentee ballots cast in the fiscal year, line (05,) times 100.
- (08) Calculate the total reimbursable costs for Method 2. Multiply the amount billed by the county for total absentee ballot costs, line (06), by the reimbursable cost percentage, line (07), and divide the result by 100.
- (09) Enter the amount of increased costs from line (03), if using method 1, or line (08), if using method 2.
- (10) Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (11) Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (12) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (10), and Other Reimbursements, line (11), from Increased Costs, line (09). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

|   |  |                    |
|---|--|--------------------|
| <b>Program</b><br><b>002</b>  | <b>MANDATED COSTS<br/>ABSENTEE BALLOTS<br/>CLAIM SUMMARY</b> | <b>FORM<br/>1B</b> |
| (01) Claimant   | (02) Fiscal Year<br><br>20____/20____                        |                    |
| <b>Method 3</b>   |  |                    |
| This method requires the local agency to have data on the number of ballots and absentee ballots filed.             |  |                    |
| <b>Base Year Calculation (Same for all fiscal years claimed)</b>  |  |                    |
| (03) (a) Number of ballots cast from 01/01/75 through 12/30/78  |  |                    |
| (b) Number of absentee ballots cast from 01/01/75 through 12/30/78  |  |                    |
| <b>Calculation for Fiscal Year of Claim (Compute for each fiscal year)</b>  |  |                    |
| (c) Number of ballots cast in the district in the fiscal year of claim  |  |                    |
| (d) Number of absentee ballots cast in the district in the fiscal year of claim                                     |  |                    |
|   |  |                    |
| (04) Number of Reimbursable Absentee Ballots Filed [Line (03)(d) - {(line (03)(b) x line (03)(c) ÷ line (03)(a) )}] |  |                    |
| (05) Reimbursable Cost Percentage [(Line (04) ÷ line (03)(d)) x 100]  |  | %                  |
| (06) Amount Billed by the County to the Local Agency  |  |                    |
| (07) Reimbursable Costs [Line (05) x {line (06)}]   |  |                    |
|   |  |                    |
| <b>Cost Reduction</b>   |  |                    |
| (08) Less: Offsetting Savings   |  |                    |
| (09) Less: Other Reimbursements   |  |                    |
| (10) Total Claimed Amount [Line (07) – {(line (08) + line (09))}]   |  |                    |

|                              |  |                          |
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| <b>Program</b><br><b>002</b> | <b>ABSENTEE BALLOTS</b><br><b>CLAIM SUMMARY</b><br><b>Instructions</b> | <b>FORM</b><br><b>1B</b> |
|------------------------------|--|--------------------------|

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred or are to be incurred.
- (03) (a) Enter the number of ballots cast from January 1, 1975, through December 30, 1978.  
 (b) Enter the number of absentee ballots cast from January 1, 1975, through December 30, 1978.  
 (c) Enter the number of ballots cast in the fiscal year of claim.  
 (d) Enter the number of absentee ballots cast in the fiscal year of claim.
- (04) Enter the difference of the number of absentee ballots cast in the fiscal year of claim, line (03)(d), and the product of multiplying the number of absentee ballots cast from 1/1/75 to 12/30/78, line (03)(b), by the number of ballots cast in the fiscal year of claim, line (03)(c), and dividing by the number of ballots cast from 01/01/75 to 12/30/78, line (03)(a).
- (05) Reimbursable Cost Percentage. The number of reimbursable absentee ballots filed, line (04) divided by the number of absentee ballots cast in the district, line (03)(d), times 100.
- (06) Enter the amount billed to the local agency by the county.
- (07) Reimbursable Costs. Enter the product of multiplying the reimbursable cost percentage, line (05), by the amount billed by the county, line (06).
- (08) Less Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (09) Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (10) Subtract the sum of Offsetting Savings, line (08), and Other Reimbursements, line (09), from Reimbursable Costs, line (07). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

|   |  |   |                |              |                    |              |
|---|--|---|----------------|--------------|--------------------|--------------|
| <b>Program</b>  | <b>MANDATED COSTS<br/>ABSENTEE BALLOTS<br/>CLAIM SUMMARY</b> |   |                |              | <b>FORM<br/>1C</b> |              |
| 002   |  |   |                |              |                    |              |
| (01)  | Claimant   | (02)  | Fiscal Year    |              |                    |              |
|   |  |   | 20__/20__      |              |                    |              |
| <b>Method 4</b>   |  |   |                |              |                    |              |
| This method requires the agency to have data on the number of ballots and absentee ballots filed. |  |   |                |              |                    |              |
| (03)  | (a)  | Number of ballots cast from 01/01/75 through 12/30/78   |                |              |                    |              |
|   | (b)  | Number of absentee ballots cast from 01/01/75 through 12/30/78  |                |              |                    |              |
|   | (c)  | Number of ballots cast in the fiscal year of claim  |                |              |                    |              |
|   | (d)  | Number of absentee ballots cast in the fiscal year of claim   |                |              |                    |              |
|   | (e)  | Number of reimbursable filings <span style="float: right;">[Line (03)(d) - {line (03)(b) x line (03)(c) ÷ line (03)(a)}]</span> |                |              |                    |              |
|   |  |   |                |              |                    |              |
| <b>Direct and Indirect Costs</b>  |  | <b>Cost per Absentee Ballot</b>   |                |              |                    |              |
| (04)  | Total Cost of Absentee Ballots in the Fiscal Year of Claim   | (a)<br>Material   | (b)<br>Postage | (c)<br>Labor | (d)<br>Overhead    | (e)<br>Total |
|   | Calculation of Cost per Absentee Ballot                      |   |                |              |                    |              |
| (05)  | Total Direct and Indirect Costs                              | [Line (03)(e) X line (04)(e)]   |                |              |                    |              |
|   |  |   |                |              |                    |              |
| <b>Cost Reduction</b>   |  |   |                |              |                    |              |
| (06)  | Less: Offsetting Savings                                     |   |                |              |                    |              |
| (07)  | Less: Other Reimbursements                                   |   |                |              |                    |              |
| (08)  | Total Claimed Amount   | [Line (05) – {line (06) + line (07)}]   |                |              |                    |              |

|                              |  |                          |
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| <b>Program</b><br><b>002</b> | <b>ABSENTEE BALLOTS</b><br><b>CLAIM SUMMARY</b><br><b>Instructions</b> | <b>FORM</b><br><b>1C</b> |
|------------------------------|--|--------------------------|

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year in which costs were incurred.
- (03) (a) Enter the number of ballots cast from January 1, 1975, through December 30, 1978.  
 (b) Enter the number of absentee ballots cast from January 1, 1975, through December 30, 1978.  
 (c) Enter the number of ballots cast in the fiscal year of claim.  
 (d) Enter the number of absentee ballots cast in the fiscal year of claim.  
 (e) Enter the number of reimbursable filings from the formula:  $[\text{Line (03)(d)} - \{\text{line (03)(b)} \times \text{line (03)(c)} \div \text{line (03)(a)}\}]$ .
- (04) Direct and Indirect Costs. Calculate the cost per absentee ballot. Add (04)(a) + (b) + (c) + (d) = (e).
- (05) Total Direct and Indirect Costs. Enter the product of line (03)(e) times line (04)(e).
- (06) Less Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (07) Less Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (08) Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

|   |   |                                       |                 |                                   |                                     |                             |                        |                             |  |
|---|---|---------------------------------------|-----------------|-----------------------------------|-------------------------------------|-----------------------------|------------------------|-----------------------------|--|
| <b>Program</b><br><br><b>002</b>  | <b>MANDATED COSTS</b><br><b>ABSENTEE BALLOTS</b><br><b>ACTIVITY COST DETAIL</b> |                                       |                 |                                   |                                     |                             |                        | <b>FORM</b><br><br><b>2</b> |  |
| (01) Claimant   |   |                                       |                 | (02) Fiscal Year                  |                                     |                             |                        |                             |  |
| (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. |   |                                       |                 |                                   |                                     |                             |                        |                             |  |
| <input type="checkbox"/> Material   |   |                                       |                 | <input type="checkbox"/> Labor    |                                     |                             |                        |                             |  |
| <input type="checkbox"/> Postage  |   |                                       |                 | <input type="checkbox"/> Overhead |                                     |                             |                        |                             |  |
| <b>(04) Description of Expenses</b>   |   |                                       |                 | <b>Object Accounts</b>            |                                     |                             |                        |                             |  |
| (a)<br>Employee Names, Job<br>Classifications, Functions Performed<br>and Description of Expenses | (b)<br>Hourly<br>Rate or<br>Unit Cost   | (c)<br>Hours<br>Worked or<br>Quantity | (d)<br>Salaries | (e)<br>Benefits                   | (f)<br>Materials<br>and<br>Supplies | (g)<br>Contract<br>Services | (h)<br>Fixed<br>Assets | (i)<br>Travel               |  |
|   |   |                                       |                 |                                   |                                     |                             |                        |                             |  |
| (05) Total <input type="text"/> Subtotal <input type="text"/> Page ____ of ____                   |   |                                       |                 |                                   |                                     |                             |                        |                             |  |

|                              |   |                         |
|------------------------------|---|-------------------------|
| <b>Program</b><br><b>002</b> | <b>ABSENTEE BALLOTS</b><br><b>ACTIVITY COST DETAIL</b><br><b>Instructions</b> | <b>FORM</b><br><b>2</b> |
|------------------------------|---|-------------------------|

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box checked in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, materials and supplies used, contract services and travel. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to SCO on request.

| Object/<br>Sub object<br>Accounts     | Columns   |   |   |  |  |   |   |                                   |   | Submit<br>supporting<br>documents<br>with the<br>claim |
|---------------------------------------|---|---|---|--|--|---|---|-----------------------------------|---|--|
|                                       | (a)   | (b)   | (c)   | (d)  | (e)                                      | (f)                                       | (g)   | (h)                               | (i)   |  |
| <b>Salaries</b>                       | Employee<br>Name/Title  | Hourly<br>Rate                                  | Hours<br>Worked                                     | Salaries =<br>Hourly Rate<br>x Hours<br>Worked |  |   |   |                                   |   |  |
| <b>Benefits</b>                       | Activities<br>Performed   | Benefit<br>Rate                                 |   |  | Benefits =<br>Benefit Rate<br>x Salaries |   |   |                                   |   |  |
| <b>Materials<br/>and<br/>Supplies</b> | Description<br>of<br>Supplies Used                                      | Unit<br>Cost                                    | Quantity<br>Used                                    |  |  | Cost =<br>Unit Cost<br>x Quantity<br>Used |   |                                   |   |  |
| <b>Contract<br/>Services</b>          | Name of<br>Contractor<br>Specific Tasks<br>Performed                    | Hourly<br>Rate                                  | Hours<br>Worked<br>Inclusive<br>Dates of<br>Service |  |  |   | Cost =<br>Hourly Rate<br>x<br>Hours<br>Worked |                                   |   | Copy of<br>Contract                                    |
| <b>Fixed<br/>Assets</b>               | Description of<br>Equipment<br>Purchased                                | Unit Cost                                       | Usage   |  |  |   |   | Cost =<br>Unit Cost<br>x<br>Usage |   |  |
| <b>Travel</b>                         | Purpose of<br>Trip<br>Name and<br>Title<br>Departure and<br>Return Date | Per Diem<br>Rate<br>Mileage Rate<br>Travel Cost | Days<br>Miles<br>Travel Mode                        |  |  |   |   |                                   | Total Travel<br>Cost = Rate<br>x Days or<br>Miles |  |

- (05) Total line (04), columns (d) through (i) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to form 1, block (04), columns (a) through (f) in the appropriate row.